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COVER LETTER

TO: Amendment Section
Division of Corporations

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NAME OF CORPORATION: ANWard Memorial Tabernacle, First Born Church Of The Civing Cod, Inc
BORN Church Of The Civing Cod, Inc
DOCUMENT NUMBER: N / 800004745
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
(Name of Contact Person)
Howard Memorial Tabernacle
(Finia Company)
ROB 4329
(Address)
Pensacola, FL 32507 (City/ State and Zip Code)
(City/ State and Zip Code)
Yowardnemorial tabernacle @ Amail. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Link Glaver 1850 411-4294
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John D V Mike J SV Sally S	<u>ones</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change Add Remove	P	Melody Bro	Wn J	1414 Dy SULA CAME Densacola, FL 32526
2) X Change	P	Linda Glo		303 W.Michigan Ave
Remove 3) A Change Add Remove - V	VP.	James C XX	Dard, jr.	Apt II Pensacola, 74 32526 119 Morth W St Pens
4) Change Add Remove	•	Valeria Ba Wrong Spelling	44/e	905 D. Pinestead Rd Pensacola, FL 32526
5) Change Add - Aa	Adm	Valarie Ba	<u> </u>	805 W. Pinestend Rd Pensacola, Fl 32526
6) Change Add Remove				

f amending or adding additional Art utach additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) ado late this document was signed.	option: <u>May 5, 2018</u>	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block locument's effective date on the Department.	k does not meet the applicable statutory filing requirements, this artment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado was/were sufficient for approval.	opted by the members and the number of votes cast for the amend.	dment(s)
There are no members or member adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was	s/were
Dated May	5, 2018	
Signature	la Mover	
	nan or vice chairman of the board, president or other officer-if din selected, by an incorporator – if in the hands of a receiver, trus	
	ppointed fiduciary by that fiduciary)	100, 01
	inda Orlover	
	(Typed or printed name of person signing)	
V:0	e Mair Man (Title of person signing)	